

**MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
PUBLIC HEALTH ADMINISTRATION  
DIVISION OF HEALTH, WELLNESS & DISEASE CONTROL  
SEXUALLY TRANSMITTED DISEASE SECTION**

**PROGRAM PURPOSE**

Sexually Transmitted Diseases (STDs), including gonorrhea, syphilis, chlamydia, and hepatitis B result in excessive morbidity, mortality, and health care costs, particularly among women, adolescents, and newborns. The goals of the STD Program are: 1) prompt reporting of cases, 2) the provision of screening and treatment services for Michigan's citizens, and 3) the application of interviewing and case finding activities to reduce complications and intervene in the spread of disease.

**PROGRAM COMPONENTS**

**Surveillance**

In accordance with the Public Health Code, cases of STDs are reported by laboratories and clinicians to local health departments. Action is taken to ensure appropriate care and provide rapid follow-up for priority cases. These reports are then forwarded to the Michigan Department of Community Health via the Michigan Disease Surveillance System. Based on these reports, resources are targeted to the areas of greatest need.

**Screening**

Routine testing for syphilis, gonorrhea, and chlamydia are offered to many high-risk patients seen by local health departments, private medical facilities, or other venues. The early treatment afforded to infected patients and their sex partners avoids the higher costs associated with the management of complications and prevents the spread of infection. The STD Program supports syphilis, gonorrhea, and chlamydia screening services with state or federal funds.

**Treatment**

All local health departments are mandated to provide STD services to persons presenting for care, either within the health department or by referral to a private provider. Much of the approximately \$5.5 million per year, that the STD Program awards to local health departments, is used to enhance clinical services. Training courses for clinicians are periodically offered through MDCH and the Centers for Disease Control and Prevention (CDC) Clinical Training Center in Cincinnati, to update skills. Accreditation review and minimum program requirements assure that local health department clinics operate according to generally accepted standards.

**Interviewing and Case finding**

MDCH Disease Intervention Specialists (DIS), CDC staff, and other administrative personnel, supplement local public health employees in case management activities. Persons found infected with priority STDs and HIV are provided pertinent medical information regarding their infection, interviewed regarding sex partners, and assisted with referral of their partners for appropriate examination and treatment; the end result being reduced transmission of infection.

**Prevention and Education**

The STD Program's prevention efforts compliment those activities conducted by local public health departments, hospitals, and other health care providers. For example, condoms, statistical summaries, program and treatment guidelines, and other requested technical assistance are regularly provided by the STD Section. A number of training courses and satellite conferences, as well as the MDCH STD/HIV Conference, are held each year for local public health staff, community-based organizations, and other public/private agencies. The Section coordinates with the Michigan Department of Education to encourage comprehensive sex education in schools.

## **CURRENT TRENDS**

### **Syphilis continuing successful outcome**

The battle with syphilis continues to have successful outcomes. Michigan saw an overall decrease of 49% in 2003, a 28% decrease in 2004, and a 50% decrease in 2005. These low levels of disease transmission were maintained in 2006 and 2007. In 2007, Michigan reported only 123 cases, a 75 percent reduction from 2001 levels. Detroit is one of CDC's targeted areas for intensive intervention efforts. The national syphilis elimination initiative provides additional resources, in this targeted area, to partially fund expanded efforts. Targeted groups include persons trading sex or money for drugs and males who have sex with males (MSM).

#### **MDCH Activities:**

- Solicitation of additional funds to support activities.
- Additional epidemiologic analysis of behavioral risk factors, in order to target interventions appropriately.
- Coordination with "custody" personnel to increase screening for commercial sex workers and partners.
- Enhancement of Michigan's surveillance, case finding, and clinical capacities to manage syphilis.
- Partner with CBO's and other non-health department partners in outreach and education efforts.

### **Gonorrhea**

A general 17-year decline in gonorrhea numbers occurred from 1986 to 2003. Since then, numbers of cases have remained steady as 17,330 cases were reported in 2007 (54 % fewer than reported in 1986.) Risk reduction and safer sex messages have impacted the substantial population at risk for gonorrhea. Teens and young adults account for most of the cases.

#### **MDCH Activities:**

- Maintenance of a timely, lab-based surveillance system.
- Continuation of single dose therapy at all STD clinics, including reintroduction of cefixime.
- Promotion of screening programs for high-risk populations, especially in adolescent venues such as juvenile detention facilities and school-based health centers.
- Increased use of urine-based testing, in order to more easily test individuals in non-clinic settings.
- Engage the private medical community to perform more screening and assist in managing partners.

### **Chlamydia**

In 1993, chlamydia first became reportable on a permanent basis in Michigan. As reporting has become more robust, the number of identified cases has increased annually. In 2007, there were 41,291 cases of chlamydia reported, a slight increase from the 38,142 cases in 2006. Cases have gradually increased 57% since 2000, a trend mirrored nationally. Seventy-six percent of those cases are reported in females, a result of targeted screening. Like gonorrhea, most cases occur in younger age groups and many occur without symptoms.

#### **MDCH Activities:**

- Use of single dose therapy for all patients with chlamydia and/or gonorrhea and their partners.

- Participation in the national, regional, and state Infertility Prevention Project (IPP).
- Promotion and support of screening of females, primarily those with multiple sex partners, with symptoms, or in younger age groups, in family planning, STD, and adolescent health clinics.
- Engage the private medical community to perform more screening and assist in managing partners.

## **FUTURE PROGRAM GOALS**

- Continue to implement a comprehensive approach to partner management for STD and HIV.
- Reductions in syphilis, gonorrhea, and chlamydia.
- Increased hepatitis A & B immunization in STD clinics.
- Increased screening for chlamydia, targeting adolescent females in high-risk settings.
- Implementation of HPV vaccine in select STD clinic settings.
- Enhancement of private/public partnerships to control STDs, including the use of provider and partner packets for those diagnosed with gonorrhea and chlamydia.
- Increased surveillance activity for priority infections.
- Increased education and training opportunities.

## **WHO TO CALL FOR MORE INFORMATION**

- Local Health Departments: locations available at [www.malph.org](http://www.malph.org)
- Centers for Disease Control and Prevention: [www.cdc.gov/std](http://www.cdc.gov/std)
- Michigan Statistics: [www.michigan.gov/hivstd](http://www.michigan.gov/hivstd)
- MDCH STD Section, Mark Miller, Manager, (517) 241-0870
- MDCH STD Section, Kristine Judd, Administrative Program Manager, (313) 456-4426
- MDCH STD Section, Amy Peterson, Program Specialist/IPP Coordinator, (313) 456-4425
- MDCH STD Section, Bruce Nowak, STD Surveillance Manager, (313) 456-0532
- Outstate Supervisor, Ronald Spates, District Manager, (269) 926-7121, ext 5263
- Detroit District, Dawn Jackson, District Manager, (313) 876-4176
- MDCH STD Section, Audrea Woodruff, Partner Counseling and Referral Services Coordinator, (313) 456-4421
- STD Epidemiologist, Katie Macomber, (517) 335-9807